

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**WEB IMPORT REGISTRATION FOR e-FILE
NEW HAMPSHIRE TAX PAYMENTS**

FOR DRA USE ONLY

GENERAL INSTRUCTIONS

WHO MUST REGISTER	Anyone wishing to make payments for clients. If at any time you change your Tax ID Number you must re-register with the Department and redefine your file layout under your new Tax ID Number.
WHAT TO REGISTER	If you wish to participate in the Web Import e-File New Hampshire program, you must submit this form to register with the Department. The information provided on this form should include the name, address, e-mail address, telephone number, and fax number of the contact person(s) for Web Import e-File New Hampshire purposes. In addition, this form should be used to report any changes in your registration information (i.e. a change to the contact person, telephone number, etc.).
TAX ID NUMBER	Please list your Practitioner Tax Identification Number (PTIN). If you do not have a PTIN, please list your Federal Employer Identification Number (FEIN). If you do not have either a PTIN or FEIN, please list your Department Identification Number (DIN). If you do not have either a PTIN, FEIN, or DIN please list your Social Security Number (SSN). You will need to use one of these numbers when you make payments for clients.
WHEN TO REGISTER	This form must be filed prior to your first file import. Any changes in the registration information must be provided to the Department. A notification letter will be sent confirming your Tax ID Number. Please allow up to 30 days for processing time, prior to using e-File New Hampshire.
WHERE TO REGISTER	New Hampshire Department of Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004.
NEED HELP	Call the New Hampshire Department of Revenue Administration, Central Taxpayer Services at (603) 271-2191. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964. Access our website at www.revenue.nh.gov to try out the on-line demonstration of the NH e-file process prior to registering and to access the NH e-file system after the Department has processed your registration request.

Web Import Registration for e-File New Hampshire Tax Payments

Please check one

☐

PTIN

☐

FEIN

☐

DIN

☐

SSN

PLEASE PRINT OR TYPE

TAX PRACTITIONER/BUSINESS NAME

TAX ID NUMBER

NUMBER & STREET ADDRESS

TELEPHONE
()

ADDRESS (CONTINUED)

CITY/TOWN

STATE

zip

CONTACT PERSON

TELEPHONE
()

E-MAIL ADDRESS

FAX NUMBER
()

Please check one of the following: ☐ New Registration ☐ Change Request

If changing your Tax ID Number, please provide your old Tax ID Number _____

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AUTHORIZED REPRESENTATIVE'S SIGNATURE (IN INK)

DATE

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 1004
CONCORD NH 03302-1004

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Approved by _____

Date _____